



Cobb County Board of Commissioners Acknowledgment Form

This signed form is to acknowledge that I have received, read (or will have read to me) and understand the Cobb County No Harassment Policy. This policy has been published to emphasize the County's **zero tolerance** position on harassment in Cobb's workplace. Should I have any questions or need clarification, I will contact my supervisor immediately.

Return this signed acknowledgment form to your department's Personnel Representative within seven (7) days of receipt. Submission of this acknowledgment form is mandatory for all part-time County employees to ensure receipt of the County's No Harassment policy.

DATE

DEPARTMENT

SUPERVISOR'S SIGNATURE

(Supervisor must witness and certify
employee's signature)

EMPLOYEE'S SIGNATURE

EMPLOYEE'S NAME (PLEASE PRINT)

EMPLOYEE'S ID NUMBER



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This signed acknowledgment form must accompany completed new hire paperwork submitted to the Cobb County Personnel Department.

DATE _____

EMPLOYEE'S SIGNATURE _____

DEPARTMENT _____

EMPLOYEE'S NAME (PLEASE PRINT) _____

SUPERVISOR'S SIGNATURE _____

(Supervisor must witness and certify
employee's signature)

EMPLOYEE'S SOCIAL SECURITY NUMBER _____